



OCCUPATIONAL LICENSING BRANCH

**APPLICATION FOR DUPLICATE OR CORRECTED
VEHICLE SALESPERSON LICENSE**

This is a non-refundable application fee.

REPORTING CHANGE OF ADDRESS ONLY—Complete reverse side.

**FOR DMV FIELD OFFICE USE
— MUST COMPLETE —**

SALESPERSON NUMBER

EXP. DATE

S

☐ No Fee Correction (SPC)

☐ Salesperson Dup \$15.00 (SPD)

TEMPORARY PERMIT ISSUED?

☐ No

☐ Yes

DATE ISSUED

CALIFORNIA DRIVER LICENSE NUMBER

EXP. YR.

DATE EXPIRES

1. APPLICANT (Type or Print)

FULL NAME AS SHOWN ON YOUR DRIVER LICENSE (PRINT FIRST, MIDDLE, LAST)

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

()

MAILING ADDRESS

NUMBER AND STREET

CITY

STATE

ZIP CODE

RESIDENCE ADDRESS

NUMBER AND STREET

CITY

STATE

ZIP CODE

PHYSICAL DESCRIPTION

Sex: Color Hair: Color Eyes: Height: Ft. In. Weight: lbs. Birthdate:

2. EMPLOYER — This information must be the same as Employer's License

NAME (PRINT FIRST, MIDDLE, LAST)

LICENSE NUMBER

FIRM NAME (PRINT)

(NUMBER AND STREET)

CITY

STATE

ZIP CODE

3. REPLACEMENT IS DUE TO: (Check one)

SPD

☐ Loss ☐ Theft ☐ Mutilation ☐ Non Receipt of License (Due to Address Change)

SPC

☐ Correction to Name (misspelled)

☐ Change of Name (enter **new** name in number 1 above) and give previous name _____

☐ Non Receipt of License (no address change)

☐ Correction to description

4. APPLICANT'S CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

EXECUTED ON (DATE)

AT (CITY, STATE)

SIGNATURE

X



REPORT OF CHANGE OF ADDRESS OF A VEHICLE SALESPERSON

SALESPERSON NUMBER
NAME
FOR DMV FIELD OFFICE USE — MUST COMPLETE —
<input type="checkbox"/> OL 132 Issued

Instructions:

1. Fill in your Vehicle Salesperson License Number in the space at the top of the form.
2. Print your name as it appears on your license.
3. Give employer's name, address and occupational license number as it appears on the license.
4. Complete the form by placing your signature on the bottom line.
5. Write new address on the reverse side of your license.
6. Mail completed report of address change to Department of Motor Vehicles, Licensing Operations Division, P. O. Box 932342, MS N224, Sacramento, CA 94232-3420.

IMPORTANT — **DO NOT** send your license with the report of change of address.

PLEASE REPORT A CHANGE OF RESIDENCE ADDRESS TO THE DEPARTMENT WITHIN FIVE DAYS (11812(c) CVC).

NAME (PRINT LAST, FIRST, MIDDLE)	BIRTHDATE
NEW MAILING ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()
NEW RESIDENCE ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	
DATE OF ADDRESS CHANGE	SOCIAL SECURITY NUMBER
EMPLOYED BY (FIRM NAME)	OCCUPATIONAL LICENSE NUMBER
ADDRESS (NUMBER AND STREET, CITY, STATE)	
SALESPERSON SIGNATURE	DATE

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

Applicant Initials _____